info	stal	CUPA	
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT NECORD. Every item of infor	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA	1
y ite	S	t of	-
Ever	CIAN	emen	
RD.	YSI	stat	
BC	PH	xact	
T	LY.	Ω.	
NE	CTI	sified	
RMA	XA	class	
A PE	ed E	erly	ficate
IS	stat	prop	certi
HIS	be	be	Jo :
K-T	pinou	may	TION is very important. See instructions on back of certificate.
Z	ES	at it	s on
ING	AG	so th	ctions
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VITH	ully	plai	it. S
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-WR	mati	CAU	TIOI
. B.			
Z			

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4469
1. PLACE OF DEATH	121
County alloc	Registration Dist. No. 541
Village or City On Charl	No. St. Ward
Length of residence in oity or town where death occurredyrs	death occurred in a hospital or institution, give its NAME instead of street and number) 1 ds. How long in U.S. if of foreign birth?
Olinaini Pon	Mum
2. FULL NAME OF CHINA OF	CA Ward
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the world)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Glorye W Bennun	1 HEREBY CERTIFY, That I attended deceased from 22, 19,37 to almik 23,19,37
6. DATE OF BIRTH (month, day, and year) WC 19-1879	I last saw h av alive on ahil 2/, 1937; death is said
7. AGE Years Months Days LESS than	to have occurred on the date stated above, atam.
5/ 4 16 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Chronic Aterstitus 1936
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this prograting (month and)	nekluter
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 3.8	
12. BIRTHPLACE (city or town) Gloryllous Llely (State or country)	Other Contributory Causes of Importance:
13. NAME Willard S. Vorbert	
13. NAME Willard S. V ortert 14. BIRTHPLACE (city or town) - Gloryetown Del-	Name of operation MML Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary C. / Vammurs	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Mary C. Sammurd 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Maul B. Velored (days	Where did injury occur?
(Address) Slanglioned del	
Place Glorgelan Date am 24, 1937	Manner of injury
19. UNDERTAKER ON COM I SOUTH	24. Was disease or Injury In any way related to occupation of deceased? WO
(Address) August 1991	If so, specify
20. FILED Clip V34, 19.37 Jones Of Cock Registrar.	(Signed) M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.-The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	1 week ago 3 days ago
		Agricultural and the second and the	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

FATHER

MOTHER

13. NAME

17. INFORMANT (Address)

19. UNDERTAKER (Address)

14. BIRTHPLACE (city or town)

16. BIRTHPLACE (city or town) (State or country)

18. BURIAL, CREMATION, OR REMOVAL

15. MAIOEN NAME

(State or country)

state

Registration Dist. No. 290
No. Caston R Quilida, Ward
ds. How long in U.S. If of foreign birth?yrsmosds.
If U. S. Veteran, specify WAR
_St.,Ward.
If nonresident give city or town and State
MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH
(Month) (Day) (Yeer)
22. I HEREBY CERTIFY, Thet I attended deceased from
I last saw h_lll_elive on; deeth Is said
to have occurred on the date steted above, et 22.4.7m.
The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
A A
Ulle Mayerin
Trocar
Other Contributory Causes of importance:
tate do 1 and Time
Jan A 19 h
Name of operation Date of
What test confirmed diagnosis? Wes there an autopsy?
23. If death was due to externel ceuses (VIDLENCE) fill in also the following:
Accident, suicide, or homicide? Date of injury
Where did injury occur?
(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Specify whether injury occurred in industry, in nome, or in rubble react.
Manner of Injury
Neture of Injury
24. Was disease or Injury in any way related to occupation of deceased?
If so, specify
(Signed) (MISO M.D.
(Address) a Cting works
N Charles Balance Barrer De No

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.

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Example II	
al cause of death and related causes Date of onset The principal cause of death and related causes of importance were as follows:	Date of onset
is MAY 6 1937 1915 Attack of epilepsy	1 week ago
stitial nephritis 1921 Run over by street car	1 week ago
orrhage Peritonitis Peritonitis	3 days ago
ibutory causes of importance: Other contributory causes of importance: May 1,1923 Gastroenteritis	1 year
	ice:

V. S. No. 1

E.

state

OCCUPA.

1. PLACE

County Village

Length o

PERS

2. FULL (a) Res

5a. If merried, v HUSBAND (or) WIFE

6. DATE OF BIF 7. AGE

8. Trade.

9. Industry SAY 10. Date de this year

12. BIRTHPLAC (State of

> 13. NAME 14. BIRTHP

17. INFORMANT (Address)

19. UNDERTAKER

20. FILED ...

(Address)

15. MAIDEN NAME

16. BIRTHPLACE (city or town (State or country)

18. BURIAL, CREMATION, OR REMOVAL

3. SEX

OCCUPATION

FATHER

MOTHER

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4471
CE OF DEATH 7 A N	3
nty Talleges	Registration Dist. No. 294
ige or City to certainly	NoSt Ward
ge of city (If	death occurred in a hospital or institution, give its NAME instead of street and number)
th of residence in city or town where death occurredyrsmos	ds. How long in U.S. If of foreign birth?yrsmosds.
L NAME faelus Brassl	AUN If U.S. Veteran specify WAR.
Residence: No.	St., Ward,
(Usual place of abode)	If nonresident give city or town and State
RSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DAVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
d, widowed, or divorced IND of IFE of Page 1997 BIRTH (month, day, and year) Years Months Days If LESS than 1 day,hrs.	22. HEREBY CERTIFY, Thet I attended deceased from 19 to
de, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	were as follows: Date of onset
ustry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	Stillern
e deceased last worked at this occupation (month and year) occupation (month and year)	
LACE (city or town) faultang 76 te or country) ME Malut Bushing	Dther Contributory Causes of importance:
THPLACE (city or town)	Name of operation Dete of
(State or country)	What test confirmed diagnosis?

What test confirmed diagnosis?______ Was there an autopsy?____ 23. If death was due to external causes (VIDLENCE) fill In elso the following: Accident, suicide, or homicide? ______ Date of Injury ______ 19. Where did injury occur?_ (Specify city or town, county and State)
Specify whether injury occurred In INDUSTRY, In HDME, or In PUBLIC PLACE,

24. Was disease	or injury in eny wey related to occupation of deceased?
If so, specify	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Manner of injury

Nature of injury

(Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-20
County County	Registration Dist. No. 4731
Village or City Vor Nova Mid	NOSt.,Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurredyrs,mo	sds. How long in U.S. il ol loreign birth?yrsmos,ds
2. FULL NAME Charlotte Chamba	If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
5e. Il married, widowed, or divorced	(Month) (Day) (Maar)
Harried, widowed, or divorced (or) Wife of Charles Charles	22. I HEREBY CERTIFY. Thet I attended decassad from
1. L 277	last saw h 20 alive on Oyand 20 19.5 7.; daath is sa
6. DATE OF BIRTH (month, day, end year) 7. AGE / Yaars Months Days If LESS than	to have occurred on the data stated above, et 3. Q. m.
Cobract / 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and ralated causes of importanca
8. Trade, prolassion, or particular	were as follows: Puntular, Fibrillation Oate of onse
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data decased last worked at this occupation (month and	morie Musocarditis 1936.
9. Industry or businass in which work was done, as SILK MILL,	with failure
SAW MILL, BANK, etc.	Jaymentension 1936
10. Data decaased last worked at this occupation (month and year) year)	
7017	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Date of
14. BIRTHPLACE (city or town)(State or country)	Nama of operation Date of Manual State of Date
	What test confirmed diagnosis?
E 15. MAIOEN NAME	23. Il daath was dua to external causas (VIOLENCE) fill in also tha following: Accidant, suicide, or homicida?
16. BIRTHPLACE (city or town)(State or country)	Whera did injury occur?
Man Al All' as	(Specify city or town, county and State) Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT CALLED CA	Specify whathar injury occurred in INDUSTRY, in HOME, of the PODELIC PEACE.
18 RURIAL CREMATION OR REMOVAL	Mannar of injury
Place Old Chepel Octo 5/3 ,193;	_ 1
Par OAB	24. Was diseasa or Injury in any wey related to occupation of daceasad?
19. UNOERTAKED	If so, specily
1 10 0000	(Signad) Lewnam M.
20. FILEO 19.37. J. L. Landiser Registrar.	(Address) Caston and

V. S. No. 1

should state

PHYSICIANS Exact statement

of OCCUPA-

CORD. Every item of infor-

PERMANENT RE stated EXACTLY. properly classified.

UNFADING INK-THIS ARGIN RESERVED

AGE should be

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

WRITE

N. B.

FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related of importance were as follows:	auses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	037 7915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	921	Run over by street car	1 week ago
Cerebral hemorrhage	V. July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	War near the
Gallstones	May 1,1923	Gastroenteritis	1 year

ż

state

1. PLACE OF DEATH	RIFICATE OF DEATH 4410
County Zalhat	Registration Dist. No. 290
	NoSt., Ward If death occurred in a hospital or institution, give its NAME instead of street and number) ssds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME to hent of hrista (a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Note 4. COLOR OR RACE OR DIVORCED (write the word) Andrew S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Willie Dealer	(Month) (Day) (Yéar) 22. 1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and yeer) Occ. 29, 1878	1 193 10 9, 193 7 193 193 7 193 193 7 193 193 7 193 19
7. AGE Years Months Deys If LESS then 1 dey,hrs.	the FRINCIPAL CAUSE OF DEATH and lengted causes of importance
8. Trade, profession, or perticuler kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc	Cerebral Henricage 4-1-3.
year) 1933. occupation occupation occupation occupation	Dther Contributory Couses of importance:
(Stete or country) Thangland. 13. NAME James Christopher.	
13. NAME . James Christopher. 14. BIRTHPLACE (city or town) Casoline Co.: (State or country) marginal.	Neme of operation Date of What test confirmed diegnosis? My acal Land Was there an eulopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 7. INFORMANT (Address)	23. If deeth wes due to externel causes (VIOL ENCE) fill in elso the following: Accident, suicide, or homicide?
8. BURIAL, CREMATION, OR REMOVAL Plece Bloomery Date april 11, 193	Menner of Injury
9. UNDERTAKER Maurice E. Lewnam & Son. (Address) Easton, M.S.	24. Wes disease or injury in any way releted to occupetion of deceesed? 20
20. FILED 41.0 19.37 // 44. // LISTUS. Registrar.	(Signed) M. D. (Address) Section 2mg

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MADVIAND_CEDTIFICATE OF DEATH

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street ear 1 week ago . Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

RESERVED

ARGIN

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Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURBAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

should state of inforof OCCUPA. PHYSICIANS ORD. Every Exact statement A PERMANENT R. stated EXACTLY. properly classified. See instructions on back of certificate. UNFADING INK-THIS AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important. -WRITE

FOR BINDING

TARGIN RESERVED

V. S. No. 1 N. B.—

	PLACE OF DEATH	CERTIFICATE OF BEATTI	
	County Inlant	Registration Dist. No. 29	0
	Village or City Easton (II	No. St., death occurred in a hospital or institution, give its NAME instead of street and nu. ds. How long in U.S. if of foraign birth? yrs. mos.	Ward
2		St., Ward. If u. S. Veteran, specify WAR	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3.	SEX 4. COLOR OR RACE OR DIVORCED (write the word) Marked	21. DATE OF DEATH (Month) (Day)	193. 7 (Year)
5a.	If marriad, widowed, or divorcad HUSBAND of (or) WIFE of Leorgia	22. I HEREBY CERTIFY, That I attended de 4 - 23 - 1937, to # - 26 -	ceasad from
6.	DATE OF BIRTH (month, day, and year) Dec. 18, 186)	I last saw h elive on	death is said
7.	AGE Yaars Months Days If LESS than	to have occurred on the data stated above, at 4.30 cm.	
	75 4 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of Importanca ware as follows:	Date of onset
OCCUPATION	8. Trade, profession, or particular kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	Cerebral Hamorrhage	4-23-3
CCUP	work was dona, as SILK MILL, SAW MILL, BANK, etc		
ŏ	this occupation (month and year)		
12.	BIRTHPLACE (city or town) Falhot County (Stata or country) Mr. Sheinta	Other Contributory Causes of Importanca:	
ER	13. NAME Joseph Collier	Severalized atterio relessons	9 yr
FATHER	14. BIRTHPLACE (city or town)	Neme of operation Data of What test confirmed diagnosis? Physical area Was there are an aut	topsy?_Zw_
IER	15. MAIDEN NAME ann Summers.	23. If daeth was due to axternal causas (VIOL ENCE) fill In elso the following:	
MOTHER	16. BIRTHPLACE (city or town)	Accidant, suicida, or homicida? Date of Injury	, 19
17.	INFORMANT W. Clipde Collier (Address) Easton, Ind.	Whara did injury occur?(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC)E,
18.	Place Conterfield Data sprif 28, 1937	Manner of injury	
19.	UNDERTAKER Thaurice S. Lewnam & Son. (Address) Easton, M.A.	24. Wes diseesa or Injury In any wey related to occupetion of daceased?2	20
20.	FILED 4/27 1937 N. St. News	(Signed) 2 - Coff.	M. D.

STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example II	
e of death and related causes e as follows:	Date of onset 1 week ago
	1 week ago
	3 days ago
causes of importance:	1 year

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	السبيسال		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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te	STATE OF MARYLAND-	CERTIFICATE OF DEATH 4.C.	117
stat UPA	1. PLACE OF DEATH	82-00	70
OCC	County Callet	Registration Dist. No.	10
should of OCC	Village or City Costin Miles	ND. St, death occurred in a hospital or institution, give its NAME instead of street and m	War
nt ng	Length of residence in city or town where death occurred /	ds. How long in U.S. if of foreign birth?yrsmo	sd
PHYSICIANS ict statement	2. FUEL NAME William Sanul lines	·	
SIC	(a) Residence: No. Castore Gallet to. ma	St., Ward.	C.
H ts	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	Diale
Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
>	male. White OR DIVORCED (write the word)	april 12	, 193
T.L.	5a. If married, widowed, or divgreed,	(Month) (Day)	(Year)
assifi	(or) WIFE of Kallkinson Comis	22. HEREBY CERTIFY, That I attended	
X cla	0 % 15 10 50	march 1 ,1977, to april 12	: death is sa
E ate	6. DATE OF BIRTH (month, day, and year) 12. 1858 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.	, Geath 15 Sa
stated E properly certificate	79 18 1 lday, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	,
sta pro	8. Trada, profession, or particular	were as follows:	Date of ones
be of	kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Cerebral Hemosphage	march
may back	9. Industry or business In which work was dona, as SILK MILL,		
should t it may on back	Kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BAHK, etc. 10. Dato deceased last worked at this occupation (month and spent in this		
EN +0	this occupation (month and spent in this occupation occupation	011 0 111 0 1111	-
plied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) ways mills	Other Coutributory Causes of importance:	
s, s ruc	(State or country) allot 4. and	· 1typer tonnis	245
supplied n terms, ee instru	13. NAME James Esuis		
	14. BIRTHPLACE (city or town). Grade mills	Nama of operation Date of	7.
lly plai		What test confirmed diagnosis? The West hare an a	
ld be carefully DEATH in plai y important. S	15. MAIDEN NAME CHINA Callaham.	23. If death was dua to external causes (VIOLENCE) fill in also the following	
car I'H	16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of injury Where did Injury occur?	, 19
be EA imp	main Kath in Engl	(Specify city or town, county and Stat Specify whether injory occurred in INDUSTRY, in HOME, or in PUBLIC PL	
should OF D	(Address) & aston as the		
	18. BURIAL, CREMATIDA, OR REMOVAL Franklik	Manner of injury	
	Place I frage (June Date July 3, 198)	Natura of injury	
mation s CAUSE TION is	19. UNDERTAKER Cell WHO FINA	24. Was disease or Injury In any way related to occupation of deceased?	no
101	(Address) Caston April	If so, specify	
	20. FILED 4- 13 , 19. 37 N. N. / leus	(Signed)	/M.
	Registrar.	(Address) Samun mg	

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Cerebral hemorrhage BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago
Automotive designation of the property of the			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

ADDITIONAL SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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OCCI

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Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4479
1. PLACE OF DEATH	
County Fallow	Registration Dist. No. 394
Village Dr City	Np. St Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME (minamed Tranges	
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	CO 1 /2 1937
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That i attended deceased from
	, 19, to, 19
6. DATE OF BIRTH (month, day, and year) Why 18 -39	I last saw h; death is said
7. AGE Years Months Days If LESS than I day, Jean-hrs.	to have occurred on the date stated above, atm.
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc.	
SAWYER, BOOKKEEPER, etc.	A 515 345
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	With have a rest t
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data daceasad last worked at this occupation (month and spent in this	
year) occupation	Data Contil to Constitution
12. BIRTHPLACE (city or town)	Dther Contributory Causes of importance:
(State or country)	
13. NAME Severe Oliver Transel	
14. BIRTHPLACE (city or town)	Nama of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Strength Stren	23. If death was due to external causes (VIOLENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did injury occur?
17. INFORMANT QUO O VAUGE	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass)	
Place Date Date 13' 19 3 7	Manner of Injury
Place Date 1997	Natura of Injury
19. UNDERTARER TO OPPOSITE OF	24. Was diseasa or injury in any way related to occupation of deceased?
(Address)	If so, specify
20. FILED 19.37 Tellason	(Signad) M. D.
Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage 1931	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:			
Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND	CERNIFICATE OF DEATH 4480
1. PLACE OF DEATH	91)
County Jalot	Registration Dist. No.
Village or City Sherwood & Ma	No. St., Ward
Length of rasidence in city or town where death occurred in the property of th	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
2 FULL NAME Samuel Edward Ha	MINOR.
Statement but	St. Ward.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED (OR DIVORCED (write the flord)	21. DATE OF DEATH
Marchel Maries	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of	22. HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Sure Change Faculty	, 1930, ta , , , 1935
6. DATE OF BIRTH (month, day, and year)	I last saw h
7. AGE Yaars Months Days If LESS than	to have occurred on the data stated above, at
78 11 3 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work dona es SPINNER	acule will allow Heart offices
kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, atc.	
9. Industry of Dusiness in Which work was done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, atc. B. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Oate decaasad last worked at this occupation (month and 1926) 11. Jotal time (years) spent in this occupation	
yaar)	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Willman MI	Orthis cleans
(State or country)	
13. NAME POW. Homas Chaman 14. BIRTHPLACE (city or town) 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town) Town	Name of operation Date of
(State of Council)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary Cum Jornary 16. BIRTHPLACE (city or town) (State or country)	23. If daath was dua to external causes (VIOL ENCE) fill in also the following:
(State or country)	Accident, suicida, or homicide?
CI Ka Namia may	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
17. INFORMANT (Address)	5,000,000,000,000,000,000,000,000,000,0
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Sherwood Data Upul 8=, 1937	Neture of injury
19 UNDERTAKER Newmann & Harrison	24. Was disease or injury in any way related to occupation of dacaased?
(Addrass) / W. michaela ind	If so, specify
20. FILEO Ghr 8 1937 HAUROU	(Signed) M. D.
L, Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Dete of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
11			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

V. S. No. 1

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STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	SEC SEC
County Vallot	Registration Dist. No. 291
Village or City Ist. Michaels Ind	NoSt.,Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 8 yrs. 7	mosds. How long in U.S. if of foralgn birth?yrsmosds.
(a) Residence: No. Petersville Md (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the work Or Divorced (write the work)	
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Clarence W. Hillery	22. 1 HEREBY CERTIFY That I attanded daceased from
6. DATE OF BIRTH (month, day, and year) July 69 1848	West saw her alive on after 19, 1937; death is said
7. AGE Years Months Days If LESS to	
88 9 3 1 day,	
8. Trada, profession, or particular kind of work done, as SPINNER, Lady SAWYER, BOOKKEPER, etc	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Data deceased last worked at this occupation (month and	Softener of brain June A3
SAW MILL, BANK, atc.	
O 10. Data deceased last worked at this occupation (month and year) spent in this occupation occupation	
12. BIRTHPLACE (city or town) Pockville	Othar Contributory Causes of Importance:
(Stata or country)	_ Seull
13. NAME Thomas of Wheeler	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Vester W. M. deod	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) New York City	Accident, suicide, or homicide?, Data of injury, 19
(Stata or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT The Hotert W. Shuth	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Letersville and Date april 12,19	Manner of injury
Placa / Allianullu Ma Date Upnu /2,19	D1. Natura of Injury.
19. UNDERTAKER / lwnam & Varison	24. Was disease or injury in any way related to occupation of deceased?
(Addiess) (the michaels ma	If so, specify 44 440/10
20. FILED ofish 9, 1937 John Hwwalel	(Signed) M. D. (Address) Thehack The
Local Registra	(Acutess)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related caus of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis MAY 5 1987	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	1 ()		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

20. FILED .. 5

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	95-2)
County Talbot	Registration Dist. No. 290
Village or City of Castone Incl	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U. S. if of foreign birth?yrsmosds.
2. FUEL NAME Cleuse The Notices	
(a) Residence: No. Borth Name	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (agrite the word)	21. DATE OF DEATH
Temale White Widow	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. A / I. HEREBY CERTIFY, Thet I attended deceased from
J. A. Nounes, Deer	april 27, 1937, to april 30, 1937
6. DATE OF BIRTH (month, day, and year) Soft 23 - 1853	I lest saw hele elive on Office 30, 1937; deeth is seid
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at 2.30 / m.
84 / 9 ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER,	Prones pueu nine (a 4-27-3)
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and 1917	
year)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	Chimic Heyrardilis 141'
(State or country)	
14. BIRTHPLACE (city or town)	7.1
4 14. BIRTHPLACE (city or town) (State or country)	Neme of operation 200 Date of
	What test confirmed diagnosis?
I There are a second of the se	Accident, suicide, or homicide? Date of injury
O 16. BIRTHPLACE (city or town) (State or country)	Where did in item annual
17. INFORMANT Frace & Holeness	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Plece Zastoie md Dete 5/3 ,1933	Nature of injury
19. UNDERTAKER CARLES A STORMER	24. Was disease or injury In eny way related to occupation of deceased? 240
(Address)	If so, specify

(Address) _____ & Benedict If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Comback bearing and horizon MAY 1937	1921	Run over by street car	1 week ago
Cereoral nemorrhage	July 5, 1927	Peritonitis	3 days ago
MINEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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1. PLACE OF DEATH

STATE OF MARYLAND—CERTIFICATE OF DEATH

4483

mosds. How long in U.S. if of foreign birth?yrsmosd
St., Ward. Mou Vellaw If nonresident give city or town and State
MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH Of the 20 1937 (Year)
22. HEREBY CERTIFY, That I attanded deceased fro
I last saw h. Liva on March 1937 death is
to have occurred on the date stated above, at
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Date of one
Chrome myocardiled My . 36
Other Contributory Causes of importance:
Name of operation
What test confirmed diagnosis?
23. If death was due to external causes (VIOL ENCE) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Manner of injury
24. Was disease or injury in any way related to occupation of deceased? 20
it so, specify

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebrol hemorrhage	July 5,1927	Peritonitis	3 days ogo
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	Moy 1,1923	Gostroenteritis	1 yeor
			10

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Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Year)

Oate of onset

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUNEAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

: 9 :	STATE OF MARYLAND—	CERTIFICATE OF DEATH 4485
infor- state UPA-	1. PLACE OF DEATH	820 Dr with
ould occu	County albot	Registration Dist. No. 292
FE	Village or City Near Oraps Mid	NoSt.,Ward
nt of	Length of residence in city or town where death occurredyrs1mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds
Ever	2. FULL NAME LERELIAM & Jon Ste	If U. S. Veteran, specify WAR
	(a) Residence: No.	St., Ward.
MH T	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
RECO PH Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21, DATE OF DEATH
T.Y.	OR DIVORCED (write the word)	(Month) (Day) (Year)
AG TI LEO	5a. If married, widowed, or divorced	The state of the s
BINDING PERMANEN EXACTI y classified.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Than Than	22. 1 HEREBY CERTIFY, that I attended deceased from
	13/24 16A	Lizet shu h alive on 4/23/ 1937: death is sai
BI PEI I E rly	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 930 fr.m.
FOR BI IS A PEI stated E properly certificate.	74 / 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
FO IS stat properties	8 Trade profession or particular	were es follows: Date of onset
HIS pe of of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Hemorchaft 4/18/3
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	177
NK-T Should it may n back	SAW MILL, BANK, etc	
INI INI E sl at it	this occupation (month and spent in this occupation yeer)	
7 4 - 3		Other Contributory Causes of importance:
IN IDI	12. BIRTHPLACE (city or town) (State or country)	
IARGIN UNFADI supplied. n terms, so ee instruct	13. NAME Storge lo. Jacobarna	
D in t	14. BIRTHPLACE (city or town)	Name of operation Date of
T -= 70	(State or country)	What test confirmed diagnosis? Was there an autopsy?
X, WITY carefully CH in pla ortant.	15. MAIDEN NAME Sarah & Joseley	23. If death was due to external causes (VIOLENCE) fill In also the following:
PLAINLY, WI nould be careful of DEATH in press yeary important.	15. MAIDEN NAME Araba & Society 16. BIRTHPLACE (city or town) (Stele or chuntry)	Accident, suicide, or homicide? Date of Injury, 19
be carried	Stele or country)	Where did injury occur? (Specify city or town, county and State)
AINLY, d be car DEATH	17, INFORMANT The local Cruck	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
E PLA should OF D	(Address) 18. BURIAL, CREMATION, OR REMOVAL	
E S S S S S S S S S S S S S S S S S S S	Place Date 4/27, 1937	Manner of injury
WRITE mation s CAUSE TION is	1 0 12	Nature of Injury
ma CA	19. UNDERTAKER (Addless)	24. Was disease or injury in any way related to occupation of deceesed?
B.	01010000	(Signed) Haymand J. John M.
» ×	20. FILED	(Address) Taston. The
•		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Arteriosclerosit C C C	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAY 6 1991	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
A STATE OF THE STA			

1. PLACE OF DEATH	93-0
County labels	Registration Dist. No. 252 29
Village or City Dogs Mulls	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurredyrsmos.	ds. How long In U.S. If of foreign birth?yrsmosds.
2. FULL NAME / thu) telley	If U.S. Veteran specify WAR.
(a) Residence: No. Was Discontinuous (a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Fear)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John P Kelley	22. I HEREBY CERTIFY. That I attended deceased from Morch 30 1937 to Africa 11. 1937
6. DATE OF BIRTH (month, day, and year) Jaw 22 duf 86	SI last saw h allve on Africa 10-, 1937; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.
/4 / ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	skel Chrone myocarditiss-
2. Industry or business in which	(Sudlenly).
work was done, as SILK MILL, SAW MILL, BANK, etc	
O 10: Date deceased last worked at this occupation (month and spent in this	
year) ocsupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country)	
13. NAME Ollean / Belle 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
1 15. MAIDEN NAME pargost flusteau	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where dld injury occur? (Specify city or town, county and State)
17. INFORMANT March for the Molling (Address)	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Property 15, 19 3	Manner of Injury
19. UNDERTAKER Diesel Eleann	24. Was disease or injury in any way related to occupation of deceased?
20. FILED apr. 12, 1937 Mamie S. Bright	(Signed) Houry testeer M.D.
Near Aggisteds.)	(Milliess)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

7. S. No. 1

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- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Findout the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURE			
Annual Control of the			
Other contributory causes of importance:	HI CHEKE	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	14		

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

CAUSE OF DEATH in plain terms, so that it may be properly classified.

County	Ially		Registration Dist. No. 290
Village or 0	city Zoasto	u-R.)	No. St., (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of res		death occurredyrs	mosds. How long in U.S. if of foreign birth?mos
(a) Resider	nce: No	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSON	NAL AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWE OR DIVORCED (write the wor	
5e. If married, widov HUSBAND of (or) WIFE of	ved, or divorced		22. I HEREBY CERTIFY, That I attended deceased
	(month, day, and year) ars Months	Days If LESS tr 1 day,	an to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
9. Industry or work was SAW MI 10. Date deceething occurrence of this	ession, or particular work done, as SPINNER, t, BOOKKEEPER, etc business in which is done, as SILK MILL, LL, BANK, etc sed last worked at upation (month and	11. Total time (years) spart in this occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (c (State or cou		Vinley Holler	nu .
14. BIRTHPLAC (State o	E (city or town) Zoo	stock.	Name of operetion Date of What test confirmed diagnosis? Was there an autopsy?
Delta .	E (city or town). Early r country)	nd.	23. If death was due to external causes (ViOLENCE) fill in also the following: Accident, suicide, or homicide?
Place Zoo	stree md R.	bate 4 7 19	Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER \(\frac{1}{4}\)	Santo	1, mar 12 1 # 4	if so, specify (Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 1987	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

. D.

1. PLACE OF D	АТН	1		(92-0)	
County	ally			Registration Dist. No. 292	
Village or City	axfor	2	10	No	W
Length of residence	n city or town where	death occurred	3 virs man	death occurred in a hospital or institution, give its NAME instead of street and n	
	12	7.	4.		3
2. FULL NAME	/ Commented	PILA	Mus CL	If U. S. Veteran, specify WAR	
(a) Residence: N		(Usual place	of shade)	St., Ward. If nonresident give city or town and	C
PERSONAL	ND STATIST			MEDICAL CERTIFICATE OF DEATH	State
	LOR OR RACE	1	RRIED, WIDOWED,	21. DATE OF DEATH	
The o	D'I-		ED (write the word)	LA 16	193 47
male 1	villa	- Cu	riger	(Month) (Day)	(Year)
5a. If married, widowed, or HUSBAND of	livorced	4-2.1		22 LHEREBY CERTIFY, That I attended of	decessed 1
(or) WIFE of	1			March 30th 1937 10 apr - 16	2 103
6. DATE OF BIRTH (month	day and year)	A 2	-1861	I last saw h Lin alive on march 30 1 1937	· doath le
7. AGE Years	Menths	Davs	If LESS than	to have occurred on the date stated above, et 3/22 m.	, death is
41	3	13	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
- 8. Trade, profession,	r postioutes	1/0	ormin.	were as follows:	Dateolo
kind of work d	ne, as SPINNER.	11.7	chal	vacousar war access	1.43.
SAWYER, BOOM	s in which		Y	21	
work was done SAW MILL, BA	as SILK MILL,	Jan	ur		
O ID. Date deceased last	worked at	11. Total	time (years)		
this occupetion year)			ent in this cupation		
12 DIDTHDI & CF (city or As				Other Contributory Causes of importence;	
12. BIRTHPLACE (city or to (State or country)	WII)	10			
13. NAME		1 . 7		-	
I I	The contract of		mana		
13. NAME 14. BIRTHPLACE (city (State or count		THA		Neme of operation Dete of	
	00 .	-	-11	What test confirmed diagnosis? Wes there an a	utopsy?_2
15. MAIDEN NAME	Keera	~/0	moll.	23. If death was due to external ceuses (VIOLENCE) fill in also the following:	:
16. BIRTHPLACE (city				Accident, suicide, or homicide? Date of Injury	, 19
State or count	y)	mal		Where did injury occur? (Specify city or town, county and State	
17. INFORMANT	72	erna	not.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
(Address)	Ceff or	d 73	d		
18. BURIAL, CREMATION, C	R REMOVAL	,,	100 00	Menner of injury	
Place. Lag.	our met	Date	193/	Nature of injury	
19. UNDERTAKER AL	ero al	Lan	aen'	24. Was diseese or injury In any way related to occupation of deceased?	
(Address)	stora?	Myd		If so, specify	
20. FILED 0 18	1037	ulas	620	(Signed) / elliage & Deymoney	
ZU. PILED DE A PARTICIO	-, 19-7-4	1 20	Registrar.	(Address) Easlind md	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

-WRIDE B ż

PHYSICIANS should state CORD. Every item of infor-

Stated EXACTLY, PHYSICIANS

CAUSE OF DEATH in plain terms, so that it may

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of OCCUPA-

V. S. No. 1

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The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.	4		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state of infor-PHYSICIAN stated EXACTLY. properly classified. FOR BINDING IARGIN RESERVED AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied.

-WRITE

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 4489
1. PLACE OF DEATH	93-20
County / al Tro (N'	Registration Dist. No. 290
Village or City salar Earland and	No. 1 St., War If death occurred in a horbital or institution, give its NAME instead of street and number)
	osds. How long in U. S. if of foraign birth?yrsmosd
2. FULL NAME to halothe S- The	If U.S. Voteran specify WAR.
(a) Residence: No. Eaclass Ind. P.D	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Jewale Och OR DIVORCED ("write the word)	Minorth (Day) (Pag)
5a. If married, widowed of divorced HUSBAND of (or) WIFE of Family Me Same	22. I HEREBY CERTIFY, That/I attended deceased from
6. DATE OF BIRTH (month, day, and year) 1862	I last saw here aliva on April 20 1937; death is sal
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at
75 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Frade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Olivonia Mysearditis 2/16/3
F // \	
99.4 Industry or business in which work was done, as SILK MILL, SAW MILL, BAHK, etc. 10. Date deceased last worked at this occurrence of the control of the	
this occupation (month and spant in this occupation occupation	
12. BIRTHPLACE (city or town) Jal Lot Cui	Other Contributory Causes of importance:
- Found Farm	
and higher	
(State or country)	Nama of operation Date of
15. MAIDEN NAME Par butting	What test confirmed diagnosis? Was there an au'opsy? 23. If death was due to externat ceuses (VIOLENCE) fill In atso tha following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or coun'ry)	Where did injury occur?
17. INFORMANT Marion MC Daniel	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place 1 1 23 , 193	Nature of injury
19. UNDERTAKER STANSEN SELENAN POST	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 4/22 , 1937 NG4: News	(Signed) Factured of Hill M. I
	, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Process performance of the control o	, a		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

	-CERTIFICATE OF DEATH
1. PLACE OF DEATH County Calbat	Registration Dist. No. 293
Village or City Cordora	No. St., Wal
Length of rasidence in city or town where deeth occurred yes mo	
(a) Residence: No. (Usual place of abode)	St., Ward If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX A. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH OF LOW (Month) (Dey) (Yeer)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. / I HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, end yaer) Oct 5-1936	I last saw h sew alive on africe 10, 1937, to africe 10, 1937; daeth is sa
7. AGE Yaars Months Days If LESS then I day,hrs.	ware as follows: Or DEATH and felated causes of importence
8 Trada profession or particular	Date of one
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased lest worked et his occupation (month and	Lived of hours after rises. april
I O. Date deceased lest worked et this occupetion (month and yaar)	tory of any associated Ligeass. 2004. R.
12. BIRTHPLACE (city or town) (Stata or country)	Other Contributory Causes of importance: Contributory Causes of importance:
13. NAME Johns Presley of Wilnes =	
14. BIRTHPLACE (city or town) Jan Gordona NA (Stata or country)	Name of operation Deta of
	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Horinge agruss Phonolas 16. BIRTHPLACE (city or town) Ordora 18 D (State or country) And	23. If daath wes dua to external causes (VIOLENCE) fill in also tha following: Accidant, suicide, or homicide? Where did injury occur?
17. INFORMANT John Newy Menday (Addiess) Cardona Shad	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CROMATION OR REMOVAL Place New Yor Centry, Data 4/1/ 1937.	Menner of injury
19. UNDERTAKER Corder Solw Henry Monday (Addrass) Cordera Mid	24. Was disaase or injury in eny way releted to occupetion of deceesed?
20. FILED 4/11/37.19 & L. Gardner -	(Signed) AND JOY 2 M.

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16	Example I	DII "	Example II	
The principal cause of de of importance were as fol Arteriosclerosis	ath and related causes	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	BUREAU V. S	. 1921	Run over by street car	1 week ago
Cerebral hemorrhage	BURLING	July 5,1927	Peritonitis	3 days ago
Other contributory causes	s of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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TAN	of
(IN)	2
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Exact statement WITH UNFADING INK-THIS IS A PERMANENT RÉCORD. Every TARGIN RESERVED FOR BINDING

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

mation should be carefully supplied. TION is very important.

V. S. No. 1

1. PLACE OF DEATH	(212-4)
County Talkata	Registration Dist. No. 290
Village or City (15th) MA.	No. Surrallicy Itospitate Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residente in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME (VALUE) ILICIALS	If U.S. Veteran specify WAR
(a) Residence: No. (Usaal place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. OCLOR OR TRACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Yeat)
(OT) WHE OF MUNICANIS	22. HEREBY CERTIFY, That I ettended deceased from
1 - 1 - 2 - 1 - 2	39.01, 10.00 \$711. 97., 19.00
6. DATE OF BIRTH (month, day, and year) + 25-20 t 876 7. AGE Years Months Days II LESS than	to have occurred on the date stated above, at
1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows: Date of genet
Z S Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	(2) atraum seen setan sid
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation drought and the second in this	"went pl,
SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation month and 9.35 spent in this occupation coupation.	
(D . D . D .	Other Contributary Causes of importance;
12. BIRTHPLACE (city or town) (State or country)	
	Name of operation Decomplession Dete of 45/3 Ary
14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis Auce of the was there an autopsy?
I 15. MAIDEN NAME MOS ALL DA LA	23. If death was dua to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME NO. 16. BIRTHPLACE (city or town)	Accident, swieide, or homicide?
State or country)	Where did injury occur? Year Deelon Ind,
17. INFORMANT Mrs. Listia Michaels.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) No allow Me (P.D.	Or Stot look
18. BURIAL, CREMATION, OR REMOVAL THE	Manner of injury Theorem on State hand & Musiagray
Place Taliality Date 1 11 ,193	Neture of injury Odear dry why
19. UNDERTAKER J. J. Tramptom & Son	24. Was disease or injury in any way related to occupation of deceased?
(Address) Hederalsburg Md.	If so, specify
20. FILED 4/9 , 1937 /h. M. Merries	(Signed) M. D.
Registrar.	(Address) Box Co.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
- UREAU V. S.	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			-

BINDING

RESERVED

ARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

M	PHYSICIANS should state act statement of OCCUPA-	
FOR BINDING	IS A PERMANENT a stated EX A CTLY. properly classified. Ex	certificate.
V.S. No. 1 MARGIN RESERVED FOR BINDING	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT ACORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4493
1. PLACE OF DEATH	(3)
County Solver	Registration Dist. No. 2 90
Village or City Paster Mod	No. St., Ward
AP	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
SAFULL NAME GOT I Protleman	
(a) Residence: No. O Name of the	St. Ward.
(Usual place of shode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIYORCED (guille the word)	21. DATE OF DEATH april 4
5a. If married, widowad, or divorced	(Month) (Day) (Yaar)
WEGANG OF OP A LIE COMMISSION OF THE COMMISSION	22. HEREBY CERTIFY That t attended deceased from
And to 1) Everyware	193/ to comment 193/
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days tf LESS than	to have occurred on the data stated above, at
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ratatad causas of importanca
8. Trade profession or particular	were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Data dacasad last worked at this occupation (month and spent in this spent in this spent in this	Parolines at 92 am
Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	1 april + a 1934
SAW MILL, BANK, etc	
this occupation (month and yaar) spent in this occupation	
12. BIRTHPLACE (city or town)	Other Costributory Causes of importance:
(State or country) Mary Land	Monie Allisetis
13. NAME Motort James	Methods 1934
13. NAME 14. BIRTHPLACE (city or town)	Nama of operation Data of Data of
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME JOHN HALLOOK	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accidant, suicida, or homicide? Data of injury, 19
	Where did injury occur? (Specify city or town, county and State) Specify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
17, INFORMANT (A)/TD211 (Addrass)	Specify analies injury sociation in thousand, in home, of in topic time.
18. BURIAL, CREMATION, OR BEMOVAL	Manner of injury
Placa Oate 4/G ,193	Natura of injury
19. UNDERTAKED and a DRemer.	24. Was diseasa or injury in any way ralated to occupation of deceased?
(Addrass) Exalone Hud	If so, spacity
20. FILED 7, 5 , 1937 / JV. //erre	(Signed) M. D.
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1 week ago 1921 Peritonitis Cerebral hemorrhage July 5, 1927 3 days ago BURFAU V. S. Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

PHYSICIANS should state Exact statement of OCCUPA. stated EXACTLY. properly classified.

FOR BINDING

ARGIN RESERVED

PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. AGE should be N. B.-WRITE

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	186-0)
County Jalby	Registration Dist. No. 270
Village or City Caston	No Metacuca Archital St., Ward death occurred in a happital or institution, give his NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	
2. FULL NAME Mr. albert Retallack	If U.S. Veteran specify WAR
(a) Residence: No. Offord Md R. D # /	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Male Marvine d.	21. DATE OF DEATH (Month) (Day) (Year)
5a. II married, widowed, or divorced	V
HUSBAND of Maggie Summer	22. April 13 1931 to April 14 1937
6. DATE OF BIRTH (month, day, and year) Que 4-, 1856	I last saw h im alive on april 14 , 1937; death is said
7. AGE Years Months Days II LESS than	to have occurred on the date stated above, at _T://R-R'_m.
80 4 70 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:
8 Trade profession or particular	International himorrhage mills
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Fractuel Shall
9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.	The town internal of AR
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	- A face
this occupation (month and 1927 spant in this 42 yr	V / / /
	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Casi Siles suffer bolls 1
# 13. NAME allert Petallack	January January January
14. BIRTHPLACE (city or town)	Name of operation
(State of Country)	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Maky 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide legisdess Dete of Injury 7-1-3-, 19-3-7
(State or country) / Deliguent	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT / 10 flagge Netallacke	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, OREMATION, OR REMOVAL	Manner of Injury Fall
Place Castae Ma Date 16 16 1937	Nature of injury tractured abuil
19, UNDERTAKER James a. Speuce	24. Was disease or injury in any way related to occupation of deceased?
(Address) Caston, Md.	If so, specily
20. FILED 4/15 19 37 Mgd. Neirius	(Signed)
Registrar.	(Address) Golow, Ma

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is

V. S. No. 1

19. UNDERTAKER

(Address)

of OCCUPAshould

STATE C	F MARYLAND-	CERTIFICATE OF DEATH	1496
1. PLACE OF DEATH		<u> </u>	3 -
County Jalkat		Registration Dist. No. 29	0
Village or City Baston		No Comergency Transital st.	Ward
Length of rasidence in city or town where d		f death occurred in a hospital or institution, give its NAME instead of street and	
	Po	If U.S. Veteran specify WAR	
2. FULL NAME	- Traen	1 aliat Can Valle	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and	l State
PERSONAL AND STATIST	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (partie the word)	21. DATE OF DEATH (point) (Day)	_, 193 7
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. CAN HEREBY CERTIFY That I attended	deceased from
6. DATE OF BIRTH (month, day, and year)	pril 5- 1937	I last saw h_L1_ align TIMM Q.Q.n. S193.7	_; death is said
7. AGE Years Months	Days if LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at	Deta of ormet
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	/	Still Borne	453
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent In this occupation		
12. BIRTHPLACE (city or town) Casts	M	Other Coutributary Causes of Importance:	
(State or country)	naryland		
13. NAME Wilson Po	herte		
13. NAME Wilson No. 14. BIRTHPLACE (city or town) - Co-case (State or country)	Maryland P.D.	Name of operation Date of What test confirmed diagnosis? Was there an	
15. MAIDEN NAME Cunabell	Rivers	23. If death was due to external causes (VIOLENCE) fill in also the followin	ig:
15. MAIDEN NAME (Malelle 16. BIRTHPLACE (city or town). Assets (State or country)	Manueland	Accident, suicide, or homicide? Date of injury Where did injury occur?	
17. INFORMANT (Mysabelle,	Roberto ,	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	
(Address) danguroods	, maryland.		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

if so, specify

(Address)

24. Was disease or injury in eny wey releted to occupation of deceased?

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To be complete, an occupation return must state:

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PUREAU V. S.			The Contract
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		ison a	

The state of the s	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHY	SICIAN
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V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 4497
1. PLACE OF DEATH	(6)2
County Cally	Registration Dist. No. 2931
Village or City Condon Length of rasidence in city or town where death occurred yrs. mo 2. FULL NAME Condon Staufor	No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number) Is. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Cfrid (Day) (Year)
6. DATE OF BIRTH (month, day, end year) Warch 31-1937.	22. I HEREBY CERTIFY. That I attended daceased from africe 1, 19.5.7, to africe 1, 19.5.7
6. DATE OF BIRTH (month, day, end year) 7. AGE Yeers Months Oays If LESS than 1 day,hrs. Ormin,	ware se follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or businass in which work wes done, as SILK MILL, SAW MILL, BANK, atc 10. Date deceased last worked et 11. Total time (yaars)	A according the bline
this occupation (month and spant in this occupation	Other Contributary Causes of importance: B
(Stata or couptry) - In 12. BIRTHPLACE (city or town) (Stata or couptry) - In 12. BIRTHPLACE (city or town)	Saw Enfut at offer our
14. BIRTHPLACE (city or town)	Name of oparation Date of Whet test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME / Le geurs Flair for d 16. BIRTHPLACE (city or town) (Stete or county) 17. INFORMANT (Address)	23. If death was due to external causes (VIOLENCE) fill in also tha following: Accident, suicide, or homicide?
Place Manufactured County Oate Cofor u 3, 19 3.7	Menner of injury
19. UNOERTAKER Milliam Rabon (Addrass)	24. Was disease or injury in any way related to occupation of decaesed?
20. FILEO Of 2 1937 A. Sadnu Registrar.	(Signed) M. D (Addrass) Cordona 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis BUREAU V.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(3) 4498
County Talks	Registration Dist. No. 29/
Village or City Cordova	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs5_mos	. 27 ds. How long in U.S. of foreign birth yrsmosds.
2. FULL NAME Elisher Thomas	Boyan Frontly
(a) Residence: No. Sy Michaels	St., Ward.
(UfunTplace of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Man white Married married	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Hathe U. Shoel Cleen	22. I HEREBY CERTIFY, That I attended deceased from
5. DATE OF BIRTH (month, day, and year) aug. 10, 1867	Hast saw he simulative on after 17 1937: death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 930 P.m.
69 8 7 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER Light House Heefee	Acord Oct
S. Andustry or business in which	Part Ses Ugolaces 1045
SAW MILL, BANK, atc	algo
10. Oate daceased last worked al this occupation (month and 1927) spent in this 32 year)	
simil on	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) QT //Wehales //nd (State or country)	Chronic Tellente
13. NAME David Shockles	
13. NAME David Shoelder 14. BIRTHPLACE (city or town) Samenest Co. Ind.,	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Mary a, Yones 16. BIRTHPLACE (city or town) 5 merset Co, md.	23. If daath was dua to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) Domershot Co., Md. (State or country)	Accident, suicide, or homicide?
1 4 Sharle	Where did Injuty occur? (Specify city or town, county end State)
17. INFORMANT A. VIENULAU Chaels, Mid.	Specify whether Injory occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placa De Michael Date april 19, 1937	Natura of injury
19. UNDERTAKER I IL Yesarshall	24. Was diseasa er injury in eny way related to occupation of deceased?
(Address) At Michaels and	If so, specify
20. FILEO aprel 19, 1977 fromthewales Registrar.	(Signed) M. D. M. D. M. D. (Address) DY Midelages M. D.
844	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	3	Example II	
of importance were as		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephy	ritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	MAY 5 1937	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory ca	rees of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

tem of inforshould state of OCCUPA-

Exact statement B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Brery properly classified. FOR BINDING TION is very important. See instructions on back of certificate. IARGIN RESERVED mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

V. S. No. 1

STATE OF MARYLAND	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Valbot	Registration Dist. No. 291
Village or City 1907 man Ma	NoSt., Ward
1 27	(If death occurred in a hospital or institution, give its NAME instead of street and number)
1/4: 0+1011	mosds. How long in U. S. If of foreign birth?yrsmosds.
2. FULL NAME Hellie IS leike	
(a) Residence: No. Bozman Mid (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Day) (Day) (Year)
ha. If married, widowed, or divorced HUSBAND of (or) WIFE of Gustarus Ateilkie	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) May 10 \$ 1858	I last saw here alive onlessele 341, 1977; death is said
7. AGE Years Months Days If LESS that	
86 10 26 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of Importanca were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, House, work	Date of onset
SAWYER, BOOKKEEPER, etc.	Coranowa of releves 12 70
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (module, and year) 11. Total time (years) spent in this occupation (module, and year)	ke
	Other Contributory Canses of importance:
12. BIRTHPLACE (city by fown) (State or country)	- General astherna 6 2mg
13. NAME AShow OB rounts	- fundamental both
13. NAME JOHN OGROWSE 14. BIRTHPLACE (city or town) - C	Name of operation Dete of Dete of
(Stete or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME UNKNOWN	23. If death was due to external causes (VIOLENCE) fill in elso tha following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicida, or homicide? Date of Injury, 19
(Stata or country)	Where did injury occur?
17. INFORMANT Mus China Michardson (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placa Porman Date Jou 6 . 194	Nature of Injury
19, UNDERTAKER New parmet Harrison (Address)	24. Was diseasa or injury In any way related to occupation of deceased?
20. FILED April 6, 1937 John Huwales Registrar	(Signed) Lyring & Seeth M.
1.0.24	rar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy -	1 week ago
Chronic interstitial nephritis AY 5 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

ARGIN RESERVED

V. S. No. 1

N. B.

1. PLACE OF DEATH County 7 QSTON (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, ____ hrs. 69 20 or____min. 8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.____ OCCUPATION 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc._____ 11. Total time (years)
spent in this 35 10. Date deceased last worked at this occupation (month and 12. BfRTHPLACE (city or town) (State or country) FATHER 14. BIRTHPLACE (city or town) (State or country) MOTHER 15. MAIDEN NAME 16, BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL 19. UNDERTAKER (Address) Registrar.

Registration Dist. No. α 7	c)
No. EMERGENCY HOSP, TOK St., death occurred in a hospital or institution, give its NAME instead of street and	Ward
ds. How long In U.S. if of foreign blrth?m	osds.
If U.S. Veteran specify WAR.	~~~~
St., Ward. If nonresident give city or town and	State
MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH	
APRIL 3 (Month) (Day)	(Year)
122 I SEREBY CERTIFY, That I attended 1937, to APRIL 3.44 [Ilast saw h.L.M. alive on APRIL 3.45, 1937	deceased from
325	_, ueath 15 said
The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
were as follows:	Date of onest
Wenny M	0 000 16
	2002.1.1
Other Contributory Causes of Importance:	
Qiker Contributory Causes of Importance:	1935
Qiker Contributory Causes of Importance:	(935
Qiker Contributory Causes of Importance:	19.35
Other Contributory Causes of Importance: A Contributory Causes of Importance:	(9.35 autopsy?
Other Contributory Causes of Importance: Contributory Causes of Importance: Cont	
Other Contributory Causes of Importance: Contributory Causes of Importance: Cont	g:
Other Contributory Causes of Importance: Contributory Causes of Importance: Cont	g: , 19
Other Contributory Causes of Importance: Name of operation Date of Operation What test confirmed diagnosis? Was there an 23. If death was due to external causes (VIOLENCE) fill In also the following Accident, suicide, or homicide? Date of Injury	g: , 19
Other Contributory Causes of Importance: Contributory Causes of Importance:	g: , 19
Other Contributory Causes of Importance: Contributory Causes of Importance:	g: , 19
Other Contributory Causes of Importance: Name of operation What test confirmed diagnosis? Was there an 23. If death was due to external causes (VIOLENCE) fill In also the following Accident, suicide, or homicide? Where did injury occur? (Specify city or town, county and State Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PL	g: , 19
Other Contributory Causes of Importance: Name of operation What test confirmed diagnosis? 23. If death was due to external causes (VIOLENCE) fill In also the following Accident, suicide, or homicide? Where did injury occur? Specify city or town, county and Sta Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PL	g: , 19 te) ACE.
Other Contributory Causes of Importance: Contributory Causes of Importance: Cont	g: , 19 te) ACE.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address) _____

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No

19. UNDERTAKER

County Sallah	Registration Dist. No. 290
Village or City Asaton Incl	No. St., War death occurred in a hospital or institution, give its NAME instead of street and number)
FULL NAME ATT ATT AND	ds. How long in U.S. if of foreign birth?yrsmosd
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Monlh) (Day) (Year)
HUSBAND of (or) WIFE of DATE OF BIRTH (month, day, and year) GE Years Months Days If LESS than I day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEFPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation (month and year)	22. HEREBY CERTIFY That I attended deceased from 1937 1937 1937 1937 1937 1937 1937 1937
BIRTHPLACE (eity or town) (State or country)	Other Contributory Causes of importance:
13. NAME James Reception	
14. BHTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an aulopsy?
16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Nature of injury

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Cerebral hemorrhage	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAI 6 1531	July 5,1927	Peritonitis	3 days ago
SUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year